Medina County
board of developmental disabilities




We are the community resource responsible for connecting, coordinating and funding vital services for individuals with developmental disabilities.

We help with everything from early intervention and education opportunities for children to employment and community inclusive living for adults.

WAIVER MANAGEMENT

Managing Waiver Services

UPDATE

DODD Recent Update.

- ADULT DAY ARRAY PROGRAMMING-
  - AAI – Enhanced reimbursement for Center-Based Services – through 12/31/2020. Acuity C.
  - AAI – Enhanced reimbursement for Center-Based Services – 1/1/2021. Acuity B. People who have C AAI will stay a C.
  - Please make sure you are billing the new day array codes in order to be reimbursed at the correct rate. Billing the normal codes, will not provide the proper reimbursement.
  - Link for day array codes through 12.31.2020: https://dodd.ohio.gov/wps/portal/gov/dodd/search/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zi_SzdHQ0NvQ383H383QwCg71NPV1MAlyCjMz1w_EoMA0INdOPIka_AQ7gaEBYfxQeJRAXgBXgsaIgNzTCINNREQBpaMgz/?1dmy&urile=wcm%3apath%3a/Ohio%20Content%20English/dodd/about-us/communication/news/guidance-center-based-services
  - Remember: Medina is $124.50 for "C" day rate and $4.98 for "C" unit rate. Group size is required and cannot be more than 10 to include staff.
- HPC –
  - January 1, 2021 – proposed new routine HPC/PD rates.
  - https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/rules-under-development/effective+dates+for+new+rules

WAIVER PROCESS

WAIVER PROCESS

ISP meeting

Are you participating in ISP development?

Gather data – what is the typical rhythm of life in the home?

Are you getting DSP input?

What are the goals/outcome/actions steps? Are we helping to develop?

Are the hours proposed enough to effectively support?

Is OSOC (on-site-on-call) being appropriately assessed/applied?

Are the hours realistic – can we develop workable staffing patterns?

Are doing our part to ensure person-centered planning?

PREPARATION

- In anticipation of the ISP process and the service plan entry into CPT, the SSA and provider(s) will need to discuss and identify existing and anticipated services and supports needed by the individual. These discussions will enable the SSA to avoid omissions in the cost projections for those in the site. In order to reasonably predict Typical Staffing Patterns, team members need to be aware of day program/work schedules, activities and information on family visits, etc.

- It is extremely important that the Individual Service Plan (ISP) and the CPT reflect as accurately as possible the service needs of the individual. The CPT allows for needed homemaker/personal care services to be reflected in both the HPC Calendar area and the Unscheduled Services area based in the predictability level of the services.

PERSON-CENTERED PLANNING

- Reflects assessment results
- Includes supports that:
  - Ensure health and welfare.
  - Assists the person engage in meaningful and productive activities.
  - Supports community connections and networking with other people.
  - Assists the person with improving self-advocacy skills and participation in self-advocacy activities.
  - Ensure achievement of outcomes that are important to and for the person.
  - Address risks and includes supports to prevent or minimize risks.
  - Integrates natural supports.
  - Reflective of services/supports that are consistent with efficiency, economy and quality of care.
  - Creation of a budget to meet assessed needs and the preferred ways of meeting those needs.

SCHEDULED HOURS DEVELOPMENT/ISP

- **<u>HPC Calendar</u>:**

- HPC services that are reasonably predictable should be entered into the HPC Calendar area within CPT. Typical Staffing Patterns for days that can be reasonably predicted should be utilized as much as possible. This should be done for days including but not limited to:
- Weekdays, weekends, day program closure days including projected calamity days,
- Each individual's program, work and activity schedules
- Each individual's projected family visit schedule and planned vacations
- Appropriate staff to individual ratios that ensure the successful implementation of ISPs as written and to ensure the health and welfare of each individual residing in the setting.

UNSCHEDULED TIME

- Unscheduled Services- HPC Time- consists of all staffing needs identified in the ISPs that *are not otherwise covered in the Typical Staffing Patterns.* Care should be taken to ensure that staff already identified in the Typical Staffing Patterns is *not duplicated* in unscheduled time.
- Appointments, average day program absences and other instances not captured in the HPC Schedule.
- On behalf of time (managing finances, grocery shopping, etc)
  - Is the OBO reasonable?
  - Are you being authorized ample staffing for grocery trips or OBO?
  - Are you being told NO OBO, but services authorized are not reasonable to meet what is outlined in ISP?

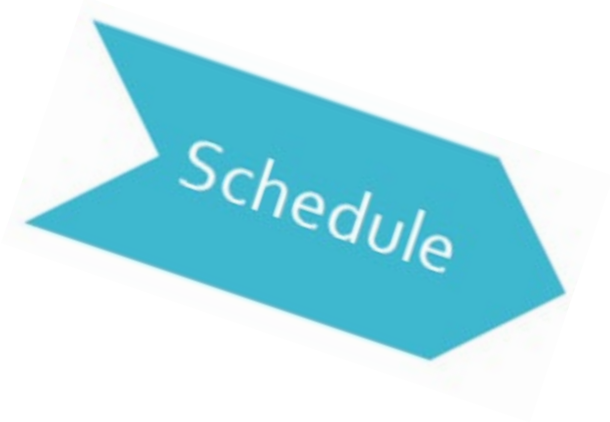
ISP IS APPROVED – NOW WHAT?

- You should receive the ISP 15 calendars in advance of implementation… **WHY?**
- ISP needs to be reviewed against what was discussed in the meeting.
- If there are errors, get with the SSA – don't wait.
- Translate the outcomes and actions steps into documentation format.
- Translate other pertinent service and supports into documentation format.
- Train DSP's & people responsible for service delivery on the ISP components and document the training. *(compliance note: this is to be done prior to service delivery)*
  - As it relates to behavior support
  - As it relates to medication administration
  - As it relates to money management
  - What is important to and for the person served.

CONTRACT - MSS

- ISP is just one piece of the puzzle.
- ISP Schedules must be reviewed against MSS/CPT.
- Review the approved schedule against what is entered into MSS/CPT.
  - Does the schedule include what was agreed upon? HPC vs OSOC- Staff Ratios and/or ADA and NMT attendance.
  - For HPC, does the schedule take into account holidays (if person attends day program)?
  - Does MSS reflect agreed upon mileage? Is mileage ample enough for what you are being asked to do within the ISP?
  - If the person has an add-on, is it approved in MSS and applied to appropriate services?
- If you find errors, you will need to contact the SSA as soon as you become aware.

SCHEDULING STAFF



- Pull MSS/CPT schedule in system.
- Convert into staffing patterns.
- Keep note of ratio of staff to people served.
- Are the schedules being designed to meet the level of supervision required in the ISP.
- Who is monitoring the schedules in MSS to note changes or shift in patterns?

SERVICE PROVISION

- Outcomes –
  - Are we documenting on the action steps for each outcome and if required, writing narrative for the outcomes?
  - Are we delivering services at the frequency outlined in the ISP?
  - Have there been changes with the person served that would warrant a change in service delivery, goals or level of supervision?
  - Are there goals that seem to be irrelevant, outdated or ineffective?
    - You are still required to document on them until such a time that you get them updated.
    - WHEN CHANGES OCCUR, THIS NEEDS TO BE ADDRESSED WITH THE SSA ASAP, PERFERABLY IN WRITING!
    - If you receive a verbal approval from an SSA for something, follow up with an email that state, *"as per our conversation, I am confirming the following"…*

SERVICE PROVISION CONTINUED…

- Goals Outlined in ISP-
- Are we documenting service delivery in accordance with the ISP?
- Are we documenting the correct frequency?
- Who is following up on Action Steps and Goals?

PAYMENT OF STAFF & BILLING FOR SERVICES

- Accurate reporting of time in/out serves two purposes
- Payroll – payment to staff for their work.
  - Non-billable- ie. training and admin time. (making sure non-billable is excluded from billing records)
- Billing – payment for services authorized for.
- Are we checking for overlaps, duplicate entries?
- Are we adjusting time for EVV for those with single sites?
- Are we checking HPC Transportation against staff time entries?
- Who is providing oversight of this information?
- Will we be audit ready?

DOCUMENTATION

- There are key elements for a billing record to be valid for payment.
  - Provider must take reasonable measures to identify any 3rd party health care coverage available to the person served and file a claim with said 3rd party coverage. 5123-9-06 (J)(4) and 5160-1-08.
  - Patient Liability
  - Documentation:
    - Type of Service/Service Code
    - Date of Service
    - Place of Service
    - Name of person receiving service
    - Medicaid #
    - Name of Provider and Provider #
    - Group size
    - Time in/out
    - Units delivered
    - Description of service
    - Signature/initials or electronic signature of staff member

Claim Rejections and Error Codes

Now what?!!

- Most common denials-
  - (9)Claim does not match useable PAWS
  - (18) Homemaker/Personal Care exceeds 24 hours in a day
  - (22) PAWS total unit limit is exceeded
  - (25) PAWS total cost limit is exceeded
  - (26) Units delivered are excessive
  - (62) On-site/On-call limited to 8 hours per day
  - (63) Adult day services 15min/day unit conflict
  - (64) Adult day services daily unit conflict

MRC

How's it going?

MONTHLY RATE CALCULATOR (MRC)

When to ask for a revision:

- Long-term changes to Typical Staffing Patterns applied to the HPC calendar. Note: adjusting staffing patterns in congregate settings for ratio variances may be too cumbersome and unnecessary in many circumstances.
- Significant changes in the need for Unscheduled Services- HPC time. Note: adjusting staffing patterns in congregate settings for ratio variances may be too cumbersome and unnecessary in many circumstances.
- An individual moves in to or out of a site
- Individuals in a site no longer "share services"
- Other unplanned, extended absences from the site
- Any significant change outside of scheduled/unscheduled needs to be communicated with the SSA.

WHAT IF YOU ARE MORE THAN 3% OVER?

- If you are more than 3% over
  - Look at service delivery
  - What occurred outside the scheduled/unscheduled
  - Can you substantiate hours?
  - You have 30 days to reach out to the SSA to make an adjustment to add funds.
  - Once the SSA approves, rebilling will need to occur.

WHAT IF YOU ARE MORE THAN 3% UNDER?

- If you are more than 3% under
  - Look at service delivery
  - Did you meet base hours?
  - Did you have trouble staffing?
  - Do you have too much unscheduled time?
  - Is someone out of the home?

How to handle when self-advocate out of MRC home...

- Self-Advocate out of home
  - Hospital
  - With Family
  - Camp
  - Etc.

  - Let SSA know as soon as possible.
  - Monitor return

  - When should self-advocate be taken out of schedule?
    - When admitted to facility (NH, ICF, Incarcerated)
    - Extended period of time AND/OR provider cannot substantiate documentation of services.

DATA WAREHOUSE TOOLS…

- Data Warehouse Tools
  - Non-Denied Claims (view paid claims/reversals and adjustments)
  - Utilization by state fiscal year (run monthly and monitor)
    - Watch current utilization and projected utilization – if you see over-utilization occurring, determine what is different in the home, if there are extenuating circumstances, reach out to SSA promptly for approval and an increase in authorizations.
    - Look for under-utilization – determine why this may be occurring. Perhaps billing has not been going through or there are extenuating circumstances.
  - PAWS report and/or Individual Served Report (add-ons)

MOST COMMON POINTS…

You have 350 days to pursue payment.

- Add-ons
- Mileage (residential)
- Proper OSOC (overnight) hours
- Incorrect rates
- Work with your county to avoid quarterly authorizations.
- Backing out billing… when is it appropriate to do so?
  - If the service should not have been billed in the first place. Other than that, adjustment claims can be sent.
- Overlooking denials
- LOC/Medicaid Denials (reimbursement denials)
  - Email Jessica McGonigle at DODD
  - Reimbursement denials are posted every Monday.

  - *Understanding what is agreed to in the ISP meeting, setting and adhering to the schedule are key requirements for Revenue meeting/exceeding Expenses*

MEDINA COUNTY CONTACTS

- **Business office:**
- For billing please contact Jeramee Caraballo, Medicaid Services Manager, at jerameec@mcbdd.org or (330) 725-7751 ext. 223
- **Additional contacts:**
- Fanyi Kong, Waiver Data Financial Specialist, fkong@mcbdd.org or 330-725-7751 ext. 320
- Sandra Miracle, Waiver Data Financial Specialist, smiracle@mcbdd.org or 330-725-7751 ext. 259
- **SSA Managers:**
- Tracy Ratta, tratta@mcbdd.org or 330-725-7751 ext. 126
- Brian Sommers, brians@mcbdd.org or 330-725-7751 ext. 174
- John Thomas, johnt@mcbdd.org or 330-725-7751 ext. 143
- **Training related questions can also be directed to:**
- Kim Bernardi, Quality Support Specialist, kimb@mcbdd.org or 330-725-7751 ext. 144
- Courtney Jordan, Provider Relations and FSS Services Specialist, courtneyj@mcbdd.org or 330-725-7751 ext. 130

Q & A

Contact:

- Kristi Black – Nineteen Services, Inc.
- 937.336.2491
- kblack@19servicesinc.com

  - Waiver Management
  - Compliance/QA
  - Policy
  - Training
  - Financial Services

THANK YOU!

Questions?

Medina County
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UPCOMING Opportunities

Positive Supports During the Holidays

Wednesday December 16th, 2020 at 10:00 AM

THANK YOU

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